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Standard Form 86A Revised December 1990 U.S. Office of Personnel Management FPM Chapter 736

CONTINUATION SHEET FOR QUESTIONNAIRES SF 86, SF 85P, AND SF 85

Form Approved
O.M.B. No. 3206-0007

For use with the SF 86, Questionnaire for Sensitive Positions (for National Security); SF 85P, Questionnaire for Public Trust Positions; and SF 85, Questionnaire for Non-Sensitive Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived" and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as you need to furnish all the requested information. Your Name Your Social Security Number WHERE YOU HAVE LIVED (Continued) Month/Year Month/Year Street Address City (Country) State ZIP Code Apt. # Name of Person Who Knows You Street Address State ZIP Code Telephone Number City (Country) Apt # Month/Year Month/Year ZIP Code Street Address City (Country) Apt. # Name of Person Who Knew You ZIP Code Street Address State Telephone Number Apt. # City (Country) Month/Year Month/Year Street Address City (Country) State ZIP Code Apt. # To Name of Person Who Knew You ZIP Code Street Address State Telephone Number Apt. # City (Country) Month/Year Month/Year Street Address City (Country) ZIP Code State Apt. # Tο Name of Person Who Knew You ZIP Code Street Address State Telephone Number City (Country) Apt. # Month/Year Month/Year ZIP Code Street Address Apt. # City (Country) State Tο Name of Person Who Knew You Street Address Apt. # City (Country) State ZIP Code Telephone Number YOUR EMPLOYMENT ACTIVITIES (Continued) Month/Year Month/Year Code Employer's Name/Military Service/Unemployment or Self-Employment Verifier Your Position Title Tο Employer's/Verifier's Street Address City (Country) State ZIP Code Telephone Number Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number Supervisor's Name & Street Address (if different than Job Location) State ZIP Code City (Country) Telephone Number PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK # Month/Year Month/Year Your Position Title & Supervisor's Name Month/Year Month/Year Your Position Title & Supervisor's Name То То Tο Tο Month/Year Month/Year Code Employer's Name/Military Service/Unemployment or Self-Employment Verifier Your Position Title To Employer's/Verifier's Street Address State ZIP Code Telephone Number City (Country) Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number Supervisor's Name & Street Address (if different than Job Location) ZIP Code City (Country) State Telephone Number PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK # Month/Year Month/Year Your Position Title & Supervisor's Name Month/Year Month/Year Your Position Title & Supervisor's Name То To То То

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Supervisor's Name & Street Address (if different than Job Location)			City (City (Country)		ZIP Code	Telephone Number	
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Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number	
PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED,					CK#			
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Enter your Social Security Number								